



**UNITED STATES
DISTRICT COURT
DISTRICT OF MINNESOTA**

**Warren E. Burger Federal
Building and U.S. Courthouse**
316 North Robert Street
Room 100
St. Paul, MN 55101

Diana E. Murphy
U.S. Courthouse
300 South Fourth Street
Room 202
Minneapolis, MN 55415

**Gerald W. Heaney Federal
Building and U.S. Courthouse
and Customhouse**
515 West First Street
Duluth, MN 55802

**Edward J. Devitt U.S.
Courthouse and Federal
Building**
118 South Mill Street
Fergus Falls, MN 56537

March 28, 2022

Benjamin Caleb Neal
425 Grove Street
St. Paul, MN 55101

RE: Case Number: 0:22-cv-00757-WMW-ECW
Case Title: Neal v. Pathways Treatment Facility

Dear Benjamin Caleb Neal:

This letter is to inform you that we received and filed your initiating document. Please be advised that we did not receive the requisite filing fee (\$402.00 for civil cases or \$5.00 for Petitions for Writ of Habeas Corpus) nor an Application to Proceed Without Prepayment of Fees (a.k.a., Application to Proceed in Forma Pauperis or IFP form), as required.

If we do not receive your filing fee or your Application to Proceed Without Prepayment of Fees (see enclosed application) within 15 days after the date of this letter, your case could be summarily dismissed without prejudice.

Sincerely,

Kate M. Fogarty, Clerk

Enclosures: (AO 239) Application to Proceed in District Court Without Prepaying Fees or Costs

UNITED STATES DISTRICT COURT
for the
U.S. District of Minnesota

Benjamin Caleb Neal

Plaintiff/Petitioner

v

Pathways Treatment Facility

Defendant/Respondent

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Civil Action No. 0:22-cv-00757-WMW-ECW

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Long Form)

Affidavit in Support of the Application

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.

Signed: _____

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: _____

- For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income Source	Average monthly income amount during the past 12 months		Income amount expected next month	
	You	Spouse	You	Spouse
Employment	\$	\$	\$	\$
Self-employment	\$	\$	\$	\$
Income from real property (<i>such as rental income</i>)	\$	\$	\$	\$
Interest and dividends	\$	\$	\$	\$
Gifts	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$

AO 239 (01/09; Minn. Dist. Ct. MODIFIED 10/09 & 4/14) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

Retirement (such as social security, pensions, annuities, insurance)	\$	\$	\$	\$
Disability (such as social security, insurance payments)	\$	\$	\$	\$
Income from real property (such as rental income)	\$	\$	\$	\$
Unemployment payments	\$	\$	\$	\$
Public-assistance (such as welfare)	\$	\$	\$	\$
Other (specify):	\$	\$	\$	\$
Total monthly income:	\$	\$	\$	\$

2. List your employment history for the past two years, most recent employer first. (*Gross monthly pay is before taxes or other deductions.*)

Employer	Address	Dates of employment	Gross monthly pay
			\$
			\$

3. List your spouse's employment history for the past two years, most recent employer first. (*Gross monthly pay is before taxes or other deductions.*)

Employer	Address	Dates of employment	Gross monthly pay
			\$
			\$

4. How much cash do you and your spouse have? \$_____
- Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of account	Amount you have	Amount your spouse has
		\$	\$
		\$	\$
		\$	\$

If you are a prisoner, you must have an authorized prison official complete the Certificate of Authorized Prison Official provided on Page 6 of this application. The certificate must be filed with this application.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings

Assets owned by you or your spouse	
Home (<i>Value</i>)	\$
Other real estate (<i>Value</i>)	\$
Motor vehicle #1 (<i>Value</i>)	\$
Make and year:	
Model:	
Registration #:	
Motor vehicle #2 (<i>Value</i>)	\$
Make and year:	
Model:	
Registration #:	
Other assets (<i>Value</i>)	\$
Other assets (<i>Value</i>)	\$

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
	\$	\$
	\$	\$
	\$	\$

7. State the persons who rely on you or your spouse for support.

Name(<i>or, if under 18, initials only</i>)	Relationship	Age

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8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your spouse
Rent or home—mortgage payment (<i>including lot rented for mobile home</i>)	\$	\$
Are real estate taxes included? ____ Yes ____ No		
Is property insurance included? ____ Yes ____ No		
Utilities (<i>electricity, heating fuel, water, sewer, and telephone</i>)	\$	\$
Home maintenance (<i>repairs and upkeep</i>)	\$	\$
Food	\$	\$
Clothing	\$	\$
Laundry and dry—cleaning	\$	\$
Medical and dental expenses	\$	\$
Transportation (<i>not including motor vehicle payments</i>)	\$	\$
Recreation, entertainment, newspapers, magazines, etc.	\$	\$
Insurance (<i>not deducted from wages or included in mortgage payments</i>)		
Homeowner's or renter's:	\$	\$
Life:	\$	\$
Health:	\$	\$
Motor vehicle:	\$	\$
Other:	\$	\$
Taxes (<i>not deducted from wages or included in mortgage payments</i>) (<i>specify</i>):	\$	\$
Installmnt payments		
Motor vehicle:	\$	\$
Credit card (<i>name</i>):	\$	\$
Department store (<i>name</i>):	\$	\$
Other:	\$	\$
Alimony, maintenance, and support paid to others	\$	\$

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Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$	\$
Other (specify):	\$	\$
Total monthly expenses:	\$	\$

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

___ Yes ___ No If yes, describe on an attached sheet.

10. Have you paid – or will you be paying – an attorney any money for services in connection with this case, including the completion of this form? ___ Yes ___ No

If yes, how much? \$_____

If yes, state the attorney's name, address, and telephone number:

11. Have you paid – or will you be paying – anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form? ___ Yes ___ No

If yes, how much? \$_____

If yes, state the attorney's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the costs of these proceedings.

13. Identify the city and state of your legal residence.

Your daytime phone number: _____

Your age: _____ Your years of schooling: _____

Prisoners: The following Certificate page *must* be completed by an authorized prison official and provided with this application.

The following Certificate of Authorized Prison Official must be completed and filed with a prisoner's Application to Proceed without Prepayment of Fees and Affidavit for all incarcerated applicants. See 28 U.S.C. § 1915(a)(2) (a prisoner who applies to proceed without prepayment of fees must provide a certified copy of the trust fund account statement "obtained from the appropriate official of each prison at which the prisoner is or was confined"). The information provided below will be used by the Court in determining the proper initial partial filing fee as defined under 28 U.S.C. § 1915(b).

CERTIFICATE of AUTHORIZED PRISON OFFICIAL

I, _____, certify that the incarcerated applicant
 _____ (name of applicant) has the sum of \$_____ on account to
 his/her credit at _____ (name of institution). I further certify that the
 applicant named herein has the following securities to his/her credit:

I further certify that in the 6-month period immediately preceding the filing of the complaint/petition/motion or notice of appeal, the average monthly deposits to the applicant's trust fund prison account was
 \$_____, and the average monthly balance in the prisoner's account was
 \$_____.

 DATE

 SIGNATURE OF AUTHORIZED OFFICIAL